

**Alden, NY Chamber of Commerce
Membership Application**

I am proud to be part of the Alden community and am happy to enclose my check for \$_____ for membership in Alden's Chamber of Commerce.

Name: _____ Title: _____

Business: _____ No. of Employees: _____

Mailing Address: _____

Street Address (if different): _____

Town, State, Zip: _____

Business Telephone: _____ Fax: _____
(area code)

Home Telephone: _____ Website: _____
(area code)

Email: _____

Please describe type of business or service:

I would like to participate in the Gift Certificate Program. Please send me an enrollment form.

I'd like the Chamber to provide, or add:

Events _____

Services _____

Other Comments? _____

I'd also be interested in becoming more involved. Please give me a call.

Membership Dues Categories

Individual (Non Business)	\$ 75
Business w/ 1-10 employees (Includes sole proprietors)	\$ 110
Municipalities and Non Profit	\$ 110
Business w/ 11-30 employees	\$ 165
Business w/ 31 or more employees	\$ 275

Please mail to:
Alden Chamber of Commerce
13500 Broadway
Alden NY 14004
(716) 937-6177
Fax: (716) 937-4106

